

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10691697  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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TOTAL IND.	4					
TOTAL DEP.	31					
TOTAL CLAIMS	35					

	IND	DEP	IND	DEP	IND	DEP
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